

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0190315 |                              |            |
| <b>Date Assigned:</b> | 10/02/2015   | <b>Date of Injury:</b>       | 03/14/1995 |
| <b>Decision Date:</b> | 11/09/2015   | <b>UR Denial Date:</b>       | 09/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/28/2015 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62 year old female, who sustained an industrial injury on 3-14-1995. The injured worker is being treated for continued improvement status post right knee arthroplasty revision. Treatment to date has included surgical intervention (revision of right total knee replacement on 3-16-2015) followed by 12 post-op physical therapy sessions for the right knee (as of 8-21-2015). Per the Physical Therapy Progress Report dated 8-21-2015 the injured worker reported less knee pain overall. She continues to feel stiffness and pain in the morning and if she is sitting or standing for prolonged periods. Objective findings included gradual gains in range of motion and strength. Her functional mobility and gait pattern have improved, however she still lacks full knee extension. Per the Primary Treating physician's Progress Report dated 8-25-2015 she reported that she is continuing to make progress in physical therapy but she would like to continue as she is not quite where she needs to be yet. Objective findings included range of motion from 0-120 degrees. She is stable to valgus and varus and anterior and posterior stress. Her sensation is intact to light touch bilaterally and her pulses are full and equal. She "walks with pretty much normal gait today." Per the medical records dated 8-21-2015 and 8-25-2015, there is insufficient documentation of clinically significant improvement in symptoms, a subjective increase in activities of daily living or a decrease in pain level with the current physical therapy. Work status was not documented on this date. The plan of care included continuation of physical therapy and authorization was requested on 9-04-2015 for 8 (2x4) additional physical therapy sessions. On 9-11-2015, Utilization Review non-certified the request for 8 additional physical therapy sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**8 physical therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** Review indicates the patient is s/p right TKA on 3/16/15 with post-op therapy. The patient completed 12 post-op PT visits noted on 5/14/15 and 19 of 20 visits on 6/9/15 with an additional 12 PT visits authorized on 7/2/15 for a total of at least 31 post-op visits. The Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for arthroplasty over a postsurgical physical medicine treatment period of 4 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. Records indicate at least 31 PT visits have been completed. The patient's TKA is now over 7-1/2 months without documented functional improvement or complications to allow for additional physical therapy. The patient has continued significant pain complaints. The patient remains without functional improvement from treatment already rendered. The 8 physical therapy sessions is not medically necessary and appropriate.